

County of San Diego Monthly STD Report

Issue No. 39: Data through March 31, 2012; Report prepared June 1, 2012.



Table 1. STDs reported among San Diego County residents, by month

	2012		2011	
	Mar	YTD	Mar	YTD
Gonorrhea	192	599	129	439
Female age 18-25	34	102	24	71
Female age ≤ 17	6	15	3	14
Male rectal gonorrhea	25	84	23	64
Chlamydia*				
Female age 18-25				
Female age ≤17				
Male rectal chlamydia				
Early Syphilis (adult total)	38	108	44	129
Primary	11	31	9	35
Secondary	12	41	20	46
Early latent	15	36	15	48
Neurosyphilis**	1	3	1	1
Congenital syphilis	0	0	0	0
HIV Infection				
HIV (not AIDS)	34	110	42	124
AIDS	31	82	18	56

YTD: Year-to-Date

Figure 1. Chlamydia,* early syphilis,** and gonorrhea cases reported among San Diego County residents, by month. 1600 60 Cases 1400 1200 Gonorrhea 1000 Syphilis 800 30 Chlamydia and 600 20 400 10 Mar-12

Table 2. Selected STD cases and rates per 100,000 population for San Diego County by age and

	African									
	(All races)		Asian/PI		American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
All ages										
Chlamydia*										
Gonorrhea	401	12.4	13	3.7	32	19.1	53	5.4	95	6.0
Early syphilis	108	3.3	4	1.1	4	2.4	30	3.0	63	4.0
Under 20 yrs										
Chlamydia*										
Gonorrhea	36	1.1	3	3.6	6	12.2	4	1.1	4	1.2
Early syphilis	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

^{*}Chlamydia data through omitted due to data entry delay.

Key Points, comparing reported cases in March 2012 with March 2011

- Overall, gonorrhea has increased 36%.
- Male rectal gonorrhea has increased 31%.
- Overall, early syphilis has decreased 16%.
 Primary syphilis has decreased 11%.

Note: All data are provisional. Morbidity is based on date of diagnosis. If date of diagnosis is not available, date of specimen collection is used. Totals for past months might change because of delays in reporting from labs and providers.

Editorial Note: Addressing Safety Concerns Over the Use of Azithromycin for Chlamydia and Gonorrhea

A recent study published in the New England Journal of Medicine has raised concerns over an increased risk of sudden cardiac death associated with the use of azithromycin. The study, "Azithromycin and the Risk of Cardiovascular Death" (N Engl J Med 2012: 366: 1881-1890), concluded that azithromycin was associated with an increased risk of cardiac toxicity, as has been the case with other drugs in the macrolide antibiotic classification, with the risk greatest in those patients with existing heart disease or risk factors for heart disease. Despite this both the Centers for Disease Control and the California Department of Public Health, STD Control Branch are urging all medical care providers treating chlamydia and/or gonorrhea to continue the use of azithromycin 1 g orally in a single dose for the treatment of chlamydia, and in combination with ceftriaxone 250 mg intramuscular injection in a single dose for the treatment of gonorrhea, as was previously recommended in the 2010 STD Treatment Guidelines. It is important to note that a five day regimen of azithromycin was studied and reported on in the article, not the single dose used for chlamydia and gonorrhea. Additionally, the median age of the patient population was 48, while in California most chlamydia and gonorrhea infections occur in those under the age of 30. If treating chlamydia or gonorrhea in an older patient with known cardiac disease, health care providers have the option of using doxycycline 100 mg orally twice daily for 7 days. The importance of adherence should be stressed with the patient if doxycycline is used.

CDC STD Treatment Guidelines, 2010: http://www.cdc.gov/std/treatment/2010/default.htm#

CDC Statement on Recent Press Coverage Linking Azithromycin to Increased Risk of Sudden Death: http://www.cdc.gov/std/treatment/azithromycin.htm

California STD Treatment Guidelines, 2012: http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Tx-Guidelines-Color.pdf
California Gonorrhea Treatment Guidelines, 2011: http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-GC-Treatment-Guidelines.pdf
FDA Statement regarding azithromycin (Zithromax) and the risk of cardiovascular death: http://www.fda.gov/DrugS/DrugSafety/ucm304372.htm

Provider STD Reporting: (619) 692-8520; fax (619) 692-8541 STD Clinic: (619) 692-8550; fax (619) 692-8543

^{*}Chlamydia data omitted due to data entry delay.

^{**}Includes confirmed and probable cases of neurosyphilis among cases of early syphilis only

^{*}Chlamydia data for January, February and March 2012 omitted due to data entry delay.

^{**}Early syphilis includes primary, secondary and early latent syphili